

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Bonafide</i>		<i>04.17.01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>3.4</i>	<i>1095</i>	<i>6/5/01</i>
RESPONSE FORMALITY REVIEW	<i>ek</i>	<i>1109</i>	<i>10-04-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Claim	Date
1	5-5-03
2	10-2-03
3	5-2-04
4	11/6/05
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If more than 150 claims or 10 actions  
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